

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003436

Entity Name: LAKE GRAY DIALYSIS CENTER, LLC

Current Principal Place of Business:

500 CUMMINGS CENTER
SUITE 6550
BEVERLY, MA 01915

Current Mailing Address:

6196 LAKE GRAY BOULEVARD
SUITE 112
JACKSONVILLE, FL 32244 US

FEI Number: 81-1822392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER, MEMBER
Name	KAMAL, SYED T.	Name	BAKER III, JAMES D. M.D.
Address	500 CUMMINGS CENTER SUITE 6550	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915	City-State-Zip:	BEVERLY MA 01915
Title	MANAGER, MEMBER	Title	MEMBER
Name	SMART, JAMES B. JR. M.D.	Name	AMERICAN RENAL ASSOCIATES LLC
Address	500 CUMMINGS CENTER SUITE 6550	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915	City-State-Zip:	BEVERLY MA 01915
Title	MEMBER	Title	MEMBER
Name	SHAPIRO, CRAIG M.D.	Name	MICHAL, DAVID HILL JR. M.D.
Address	500 CUMMINGS CENTER SUITE 6550	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915	City-State-Zip:	BEVERLY MA 01915
Title	MEMBER	Title	MEMBER
Name	KOTIHAL, RAMESH M.D.	Name	SALAHUDDIN, MUHAMMAD M.D.
Address	500 CUMMINGS CENTER SUITE 6550	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915	City-State-Zip:	BEVERLY MA 01915

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICK MENDEZ

MANAGER

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name MENDEZ, NICK
Address 1550 W. MCEWEN DR
 SUITE 600
City-State-Zip: FRANKLIN TN 37067

Title MANAGER
Name ATTMORE, GEORGE
Address 500 CUMMINGS CENTER
 SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title MEMBER
Name BRUMBACK MD, MICHAEL B
Address 500 CUMMINGS CENTER
 SUITE 6550
City-State-Zip: BEVERLY MA 01915